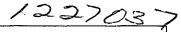
FORM D

UNITED STATES

SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549



OMB APPROVAL

OMB Number: 3235-0076 Expires: May 31, 2005 Estimated average burden hours per response



FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

SEC USE ONLY							
Prefix		Serial					
DATE RECEIVED							

Name of Offering	(□check if this is	an amendment and	l name has chang	ged, and indic	ate chang	ge).	
Filing Under (Check	k box(es) that apply):	☐ Rule 504	☐ Rule 505	Rule 50)6	☐ Rule 4(6)	□ULOE
Type of Filing:	☑ New Filing ☐ Amen						
			DENTIFICATI	ON DATA			
	ation requested about the iss		····				
Name of Issuer:	River Oaks, LLC	(□ ch	eck if this is an a	amendment a	nd name	has changed, ar	nd indicate change.)
Address of Execu	tive Offices	(Number and S	treet, City, State	, Zip Code)			cluding Area Code)
c/o Preview	Properties, Inc., 130 We	st Grand River, I	Brighton, MI 4	8116	(810) 2	20-1500	
Address of Princi	pal Business Operations	(Number and S	treet, City, State	, Zip Code)	Telepho	one Number (In	cluding Area Code)
	Executive Offices)						
Brief Description	of Business						
	Investment						
Type of Business	Organization					1/35	Carlotte Account
corporation	☐ limited partners	nip, already formed		please specify			1. 1
☐ business trust	☐ limited partners	nip, to be formed	🗷 limited	l liability com	pany	AMIN AMIN	0 7 min 1 1
			Month				
Actual or Estimat	ted Date of Incorporation or	Organization:	02	03		Actual	Estimate FSSF
Jurisdiction of Inc	corporation or Organization:	(Enter two-letter U	J.S. Postal Servi	ce abbreviation	on for Sta	nte:	
		CN for Canada;	FN for other for	eign jurisdict	ion)		MI
GENERAL INS	TRUCTIONS						APR 14 ZUU3

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments needs only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

		TIFICATION DATA									
2. Enter the information requested for the	following:										
• Each promoter of the issuer, if the issuer has been organized within the past five years;											
 Each beneficial owner having the powe the issuer; 	 Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; 										
• Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and											
 Each general and managing partner of p 	partnership issuers.										
Check Box(es) that Apply: Promoter	☐ Beneficial Owner	E Executive Officer	☐ Director	☐ General and/or Managing Partner							
Full Name (Last name first, if individual) Robert M. Bohlen											
Business or Residence Address (Num c/o Preview Properties, Inc., 130 West	ber and Street, City, State, Z. Grand River, Brighton, M.	- '									
Check Box(es) that Apply: ☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner							
Full Name (Last name first, if individual)											
Business or Residence Address (Num	ber and Street, City, State, Zi	ip Code)									
Check Box(es) that Apply: ☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner							
Full Name (Last name first, if individual)											
Business or Residence Address (Num	ber and Street, City, State, Zi	ip Code)									
Check Box(es) that Apply: ☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner							
Full Name (Last name first, if individual)											
Business or Residence Address (Num	ber and Street, City, State, Zi	ip Code)									
Check Box(es) that Apply: ☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner							
Full Name (Last name first, if individual)				-							
Business or Residence Address (Num	ber and Street, City, State, Zi	ip Code)									
Check Box(es) that Apply: ☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner							
Full Name (Last name first, if individual)											
Business or Residence Address (Num	ber and Street, City, State, Zi	ip Code)									
Check Box(es) that Apply: ☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner							
Full Name (Last name first, if individual)											
Business or Residence Address (Num	ber and Street, City, State, Zi	ip Code)									

A. BASIC IDENTIFICATION DATA											
2. Enter the information requested for the	e following:										
• Each promoter of the issuer, if the issuer has been organized within the past five years;											
 Each beneficial owner having the pov the issuer; 	• Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;										
Each executive officer and director of	Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and										
Each general and managing partner or	f partnership issuers.										
Check Box(es) that Apply: ☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner							
Full Name (Last name first, if individual)											
Business or Residence Address (Nu	mber and Street, City, State, Z	ip Code)									
Check Box(es) that Apply: ☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner							
Full Name (Last name first, if individual)											
Business or Residence Address (Nu	mber and Street, City, State, Z	ip Code)									
Check Box(es) that Apply: ☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	□Director	☐ General and/or Managing Partner							
Full Name (Last name first, if individual)											
Business or Residence Address (Nu	mber and Street, City, State, Z	ip Code)									
Check Box(es) that Apply: ☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner							
Full Name (Last name first, if individual)											
Business or Residence Address (Nu	mber and Street, City, State, Z	ip Code)									
Check Box(es) that Apply: ☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner							
Full Name (Last name first, if individual)		•									
Business or Residence Address (Nu	mber and Street, City, State, Z	ip Code)									
Check Box(es) that Apply: ☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner							
Full Name (Last name first, if individual)											
Business or Residence Address (Nu	mber and Street, City, State, Z	ip Code)									
Check Box(es) that Apply: ☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner							
Full Name (Last name first, if individual)											
Business or Residence Address (Nu	mber and Street, City, State, Z	ip Code)									

					B. IN	FORM	ATION.	ABOUT	OFFER	RING			
1. Has	the issue	sold, or	does the i	ssuer inter	nd to sell,	, to non-a	ccredited	investors	in this of	fering?	• • • • • • • • • • • • • • • • • • • •		Yes No
				Answer	also in A	appendix,	Column 2	2, if filing	under UI	OE.			
2. Wha	t is the m	inimum i	nvestmen	t that will	be accep	ted from	any indivi	idual?					<u>\$25,000</u>
-											Yes No		
3. Does the offering permit joint ownership of a single unit?													
												any commission a person to	
be lis	ted is an	associate	d person o	or agent of	f a brokei	r or deale	r registere	d with the	SEC and	l/or with a	a state or s	states, list	
				If more t				ted are as	sociated p	persons of	such a br	oker or	
			t, if indiv	rmation fo	or mat bro	oker or de	arer only.	 				 	- 1 M - 1 M
Business	or Resid	lence Add	dress (Nu	mber and	Street, C	ity, State,	Zip Code)			······································		
Name of	Associa	ted Broke	r or Deale	er				· · · · · · · · · · · · · · · · · · ·	 				
States in	Which I	Parage T is	tod Use S	Solicited or	r Intondo	to Colinit	Durchaga						
						to Solicit	Purchase	is					-
(Check [AL]	"All Stat [AK]	e" or che	ck individ [AR]	lual States [CA]) [CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]	
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[M]	[MN]	[MS]	[MO]	
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]	
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]_	[WA]	[WV]	[WI]	[WY]	[PR]	
run Nan	ne (Last	name first	t, if indivi	dual)									
Business	or Resid	lence Ado	dress (Nu	mber and	Street, C	ity, State,	Zip Code)					
Name of	Associa	ted Broke	r or Deale	er				1				·	
States in	Which P	erson Lis	ted Has S	Solicited or	r Intends	to Solicit	Purchase	rs				 	
((1)	K A 11 C	,, 1		1 10.	`								5 48 6 7
(Check [AL]	[AK]	es or che	eck indivi [AR]	dual State [CA]	s) [CO]	[CT]	[DE]	[DC]	[FL]	[GA]	ГНП	[ID]	All States
	[IN]	[IA]	[KS]	[KY]		- [ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]	
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]	
[RI]	[SC]	[SD]	[TN]	[XT]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]	
	`		<u> </u>										····
Business	or Resid	lence Add	dress (Nu	mber and	Street, Ci	ity, State,	Zip Code)					
Name of	Associa	ted Broke	r or Deale	er									
States in	Which P	erson Lis	ted Has S	solicited or	Intends	to Solicit	Purchase	rs				· '	
(Check	"All Stat	es" or che	eck indivi	dual State	s)								All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]	
[IL] [MT]	[IN] [NE]	[IA] [NV]	[KS] [NH]	[KY]	[LA] [NM]	[ME] [NY]	[MD]	[MA] [ND]	[MI] [OH]	[MN] [OK]	[MS] [OR]	[MO] [PA]	
[RI]	[SC]	[SD]	[TN]	[NJ] [TX]	[UT]	[VT]	[NC] [VA]	[WA]	[WV]	[WI]	[WY]	[PR]	

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

l.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "O" if answer is "none" or "zero." If the transaction is an exchange offering, check this				
	box : and indicate in the columns below the amounts of the securities offered for exchange and				
	already exchanged. Type of Security		ggregate	A	mount Already
	Debt	\$	ering Price 0	\$	Sold 0
	Equity	\$	0	\$	0
	□ Common □ Preferred	Ψ	- •	Ψ	<u>V</u>
	Convertible Securities (including warrants)	\$.	0	\$	0
	Partnership Interests	\$	0	\$	0
	Other	Ψ		Ψ	
	Membership Units. Membership Units are 3.704% membership interests in the issuer which equals a 2.222% indirect interest in the apartment property ("Property") described in the attached Private Placement Memorandum	\$2,7	25,000	\$	0
	TIC Units. TIC Units are fee ownership interests in. Each TIC will represent a 2.222% interest of fee ownership in the Property	<u>\$1,0</u>	75,000	\$	0
	Total	<u>\$4,8</u>	00,000	\$	0
	Answer also in Appendix, Column 3, if filing under ULOE.				
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."				
			Jumber ivestors		Aggregate Pollar Amount Of Purchases
	Accredited Investors		0	<u>\$</u>	0
	Non-accredited Investors		0	\$	0
	Total (for filings under Rule 504 only)		0	\$	0
	Answer also in Appendix, Column 4, if filing under ULOE.				
·.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1. Type of offering		Type of ecurity		Document Amount Sold
	Rule 505	-	N/A	\$	N/A
	Regulation A		N/A	<u>\$</u>	N/A
	Rule 504		N/A	<u>\$</u>	N/A
	Total		N/A	\$	N/A
. 1	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. Transfer Agent's Fees		П	\$	n
	Printing and Engraving Costs			\$	
	Legal Fees			\$ <u>25,</u> (
	Accounting Fees			\$ <u>10,0</u>	
	Engineering Fees			\$ <u>1030</u>	
	Sales Commissions (specify finders' fees separately)			\$ \$	
	Other Expenses (identify)			\$ \$	
	Outer Expenses (lucinity)	• • • • • • • • •		Ψ	<u>v</u>

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

Total	35,000
b. Enter the difference between the aggregate offering price given in response to Part C - Question 1 and total	
expenses furnished in response to Part C - Question 4.a. This difference is the "adjusted gross proceeds to the	
issuer."	\$ <u>4,765,000</u>

C OFFER	NO DESCRIPTION OF THE ORIGINAL PROPERTY.	1/4E/4 / 1/10 T/4E AF ED A AFT	
C. OFFERI	ING PRICE, NUMBER OF INVESTORS, EXPE	NSES AND USE OF PROCE	EDS
each of the purposes shown. check the box to the left of the	f the adjusted gross proceeds to the issuer used or proposed. If the amount for any purpose is not known, furnish an estimate. The total of the payments listed must equal the set forth in response to Part C - Question 4.b. above.	timate and	
	•	Payments to Officers, Directors, & Affiliates	Payments To Others
Salaries and fees		\$ <u>1,000,000</u>	■ \$173,750
Purchase of real estate			■ \$3,325,000
Purchase, rental or leasing ar	nd installation of machinery and equipment	🗆 \$ <u>0</u>	□ \$ <u> </u>
Construction or leasing of pl	ant buildings and facilities	S 0	□ \$ <u> </u>
may be used in exchange for	ses (including the value of securities involved in this offering the assets or securities of another issuer pursuant to a mer	ger)	□ \$ <u>0</u>
Repayment of indebtedness.			□ \$ <u> </u>
Working capital			≥ \$ <u>136,250</u>
	h mortgagee	□ \$ <u> </u>	≅ \$ <u>130,000</u>
-			≥ \$ <u>3,765,000</u>
Total Payments Listed (colum	mn totals added)	🗷 \$ <u>4,765</u>	,000
	D. FEDERAL SIGNATURE		····
signature constitutes an undertal	notice to be signed by the undersigned duly authorized persking by the issuer to furnish to the U.S. Securities and Excluer to any non-accredited investor pursuant to paragraph (b	nange Commission, upon written re (2) of Rule 502.	

Title of Signer (Print or Type)

Manager

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

River Oaks, LLC
Name of Signer (Print or Type)

Robert M. Bohlen

	E. STATE SIGNATURE					
1. Is any party described in 17 CFR 230.252(c), (d), (e) of provisions of such rule?		Yes No □ ⊠				
•	ndix, Column 5, for State Response					
FF	, , , , , , , , , , , , , , , , , , ,					
The undersigned issuer hereby undertakes to furnish to CFR 239.500) at such times as required by state law.	any state administrator of any state in which this notice	ce is filed, a notice on Form D (17				
The undersigned issuer hereby undertakes to furnish to offerees.	The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.					
4. The undersigned issuer represents that the issuer is far Offering Exemption (ULOE) of the state in which this has the burden of establishing that these conditions have	notice is filed and understands that the issuer claiming					
The issuer has read this notification and knows the contenundersigned duly authorized person.	ts to be true and has duly caused this notice to be signed	ed on its behalf by the				
Issuer (Print or Type)	Signature	Date 2/0/4/42				
River Oaks, LLC		3/24/03				
Name (Print or Type)	Title (Print or Type)	, , , , , , , , , , , , , , , , , , , ,				

Manager

Instruction:

Robert M. Bohlen

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX

1		2	3			4		Disgue	5 lification
	I	to sell to credited	Type of security and aggregate offering price		Type of investor and				
	•	s in State -Item 1)	offered in state (Part C-Item 1)		Amount p	urchased in State t C-Item 2)		waiver	nation of granted)
	(Take B	Ttem 1)	(rate tem 1)	Number of	(1 at	Number of		Tart	-rem ry
State	Yes	No		Accredited Investors	Amount	Non-Accredited Investors	Amount	Yes	No
AL									
AK									
AZ									
AR									
CA		X	[Membership Units]	To be determined	To be determined	0	0		X
СО								-	
CT		X	[Membership Units]	To be determined	To be determined	0	0		X
DE									
DC									
FL		X	[Membership Units]	To be determined	To be determined	0	0		X
GA		X	[Membership Units]	To be determined	To be determined	0	0		X
НІ									
ID									
IL		X	[Membership Units]	To be determined	To be determined	0	0		X
IN									
IA									
KS									
KY	·								
LA									
ME									
MD									
MA									
MI		X	[Membership Units] [TIC Units]	To be determined	To be determined	0	0		X
MN		X	[Membership Units]	To be determined	To be determined	0	0		X
MS									
MO									

APPENDIX

1	2	2	3]		4		<u> </u>	5
			Type of security						
		o sell to	and aggregate		Tr.	C: 1			tach
	1	credited s in State	offering price offered in state			f investor and archased in State			nation of granted)
	1	-Item 1)	(Part C-Item 1)			t C-Item 2)			E-Item 1)
				Number of Accredited		Number of Non-Accredited			
State	Yes	No		Investors	Amount	Investors	Amount	Yes	No
MT									1
NE									
NV									
NH				-				<u> </u>	
NJ									
NM		Х	[Membership Units]	To be determined	To be determined	0	0		X
NY		X	[Membership Units] [TIC Units]	To be determined	To be determined	0	0		X
NC			[TIC CILES]	decement	determined			-	
ND									
ОН		X	[Membership Units]	To be determined	To be determined	0	0		X
OK				, , , , , , , , , , , , , , , , , , ,					
OR					***				
PA	*******								
RI									
SC									
SD									
TN									
TX		X	[Membership Units]	To be determined	To be determined	0	0		X
UT									
VT									
VA									
WA									
WV									
WI									
WY									
PR			,						